APPENDIX 7 DIVING INJURY/INCIDENT REPORT FORM

Required Incident Reporting: All diving incidents requiring recompression treatment, or resulting in moderate or serious injury, or death shall be reported the DSB. The report will specify the circumstances of the incident and the extent of any injuries or illnesses. This form is confidential and for statistics purposes only.

Check the appropriate space(s) & complete the				
Simple Illness	Referred to Physician		us injury	
Barotrauma	Hyperbaric Treatment	Near	Drowning	
Hyperoxic	Hypercapnea	Fatal	ity	
Workers' Compensation Claim Yes	No			
Other:				
Descriptive Report (use additional sheets if a	necessary)	Date of Incident:	/ /	_
			Month Day	Year
Circumstances and the extent of the injur	ies or illnesses:			
Treatment provided and results:				
Recommendations to avoid repetition of i	incident:			
Name & Title of Person Submitting Report:_				
		(Please print)		
		(= rease Print)		
Signature			Date/	/
0				
Mailing Address				
6				
Telephone/FAX	e-mail			

APPENDIX 8 DEPARTMENT REPORT OF MINOR INJURY

Describe the Injury and How it Occurred (include part of body affected) Treatment Comments Signature of Injured Signature of Supervisor Dated Dated INSTRUCTIONS: 1. The supervisor will complete this form when an employee reports an injury, but did not lose time and see a doctor. 2. This form can be used to help complete the 3067 if an employee eventually loses time or decides to se doctor for this injury. 3. The Supervisor will retain this form for a minimum of five years (this form may be attached to the 3067 to the 3067 if an employee are supervisor may be attached to the 3067	Name		S	SN	Date of Birth	Sex (M/F)	
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